

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07066

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert Co. HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

Thomas S. Carroll

3. (b) Social Security Number

216-18-5001

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.): June 24, 18968. AGE: Years 52 Months 0 Days 17 hrs. _____ min. _____
5. (c) If alive, give age _____ years9. Birthplace Calvert Co., md
(Town, county, and state)10. Usual occupation Waterman

11. Industry or business

12. Name James R. Carroll13. Birthplace Calvert Co., md.14. Maiden name Elle M. Culhumb15. Birthplace Calvert Co., md16. Informant Hospital RecordsAddress Prince Frederick17. Burial Date thereof July 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or St. Pauls, M.E.Location Lusby, md.18. Funeral director A. H. Harkness & SonAddress Mutual, md.19. 7-13-48 H. H. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1948 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on July 11, 1948

Immediate cause of death

DURATION

Acute endocarditisDue to Rheumatic fever (?)

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address J. L. Villanueva Date signed July 14, 1948

RECEIVED

JUL 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County..... Calvert Hospital
 City or town..... Prince Frederick,
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Chase

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

Julia Chase

7. Birth date of

deceased (mo., day, yr.)

1983 Jan 15

6. (c) If alive, give age

56 years

8. AGE:

Years

Months

Days

If less than one day

65

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

FATHER
MOTHER

12. Name

Frank Chase

13. Birthplace

md.

14. Maiden name

Rachel Parker

15. Birthplace

md.

16. Informant

Julia Chase

Address

Prince Frederick,

17.

(Burial, cremation, or removal. Which?)

Date thereof

7-21-48
(month) (day) (year)

Cemetery or crematory

mt Olive

Location

Calvert.

18. Funeral director

P. E. Sewell

Address

Prince Frederick, md.

19.

7. 21. 19 48
(Date rec'd by registrar)H. H. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Calvert
 City or town..... Prince Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

7-19-1948 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... July 19, 1948
 and that I last saw him alive on July 18, 1948

Immediate cause of death

Heart failure

Due to

Hypertension c.v.d.

Due to

Generalized arteriosclerosis

Other conditions

—

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Villanova
St. Bernard, Md. M. D. or other
 Address..... Date signed 7/20/48

RECEIVED

JUL 22 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

183

07068

Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Willows
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? few hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Shirlington
(If outside city or town limits, write RURAL and give nearest town)Street No. 3422 Columbia Rd
(If rural, give LOCATION)2.(a) If veteran, name war W.W.#2

3.(a) FULL NAME

Martin V. Costello

3.(b) Social Security Number

225-05-1392

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

VA

MEDICAL CERTIFICATION

20. DATE OF DEATH

7/101948 11:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948and that I last saw him — alive on — 1948

Immediate cause of death

Brown

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 7/10/48Where did injury occur? Willows Calvert (City or town) Calvert (County) MD (State)Injured at home, farm, industry, public place (where?) Public PlaceMeans of Injury Brown Box Injured at work? NO

23. SIGNATURE

H. H. Ward
Deering M. D. or other 7/15/48
Address — Date signed 7/15/48

9. Birthplace

Va. Prince William Co.
(Town, county, and state)

10. Usual occupation

Auto mechanic

11. Industry or business

—

FATHER

12. Name John Wm. Costello13. Birthplace Va.

MOTHER

14. Maiden name Georgia Harrison15. Birthplace Va.16. Informant (Social Security card)Address Burke

17.

Date thereof 7/14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Shirlington Md

Location

Shirlington Va

18. Funeral director

W.H. Hurlbut

Address

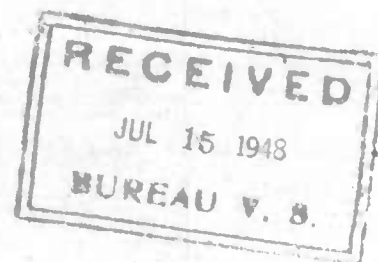
Owing

19.

7/14 1948 H. H. Ward

(Date rec'd by registrar)

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

07069

83a

1. PLACE OF DEATH:

County CabnetCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cabnet Co., HospitalHow long in hospital or institution? 3 mths.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CabnetCity or town Crofton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war No

3. (a) FULL NAME

Sarah T. Crofton

3. (b) Social Security Number

No

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

See T. Crofton

7. Birth date of deceased (mo., day, yr.)

May 22, 1865

6. (c) If alive, give age _____ years

8. AGE:

83

Years

1

Months

Days

14

It less than one day

hrs.min.

9. Birthplace

Cabnet Co., md
(Town, county, and state)

10. Usual occupation

Home

11. Industry or business

FATHER

12. Name

Young Hardisty

13. Birthplace

md

MOTHER

14. Maiden name

Ann Carr

15. Birthplace

md

16. Informant

A. T. Crofton

Address

Baltimore, md.

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

July 8, 1948
(month) (day) (year)

Cemetery or crematory

Wesley M. E.

Location

Prince Frederick, md

18. Funeral director

A. A. Harkness & Son,

Address

3714 Mt. Vernon, md.

19.

(Date rec'd by registrar)

7/7

19.

48H. M. Wood

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 19 48, at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 17 19 47, to July 6 19 48and that I last saw him alive on July 3 19 48

Immediate cause of death

Cerebral hemorrhage
Cerebral "

DURATION

7/2/48
7/2/48

Due to

Asphyxiation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

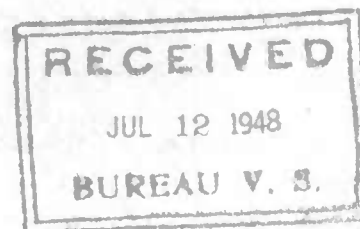
Injured at work?

23. SIGNATURE

John H. Harkness
John Harkness

M. D. or other

Address _____ Date signed 7/7/48



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JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. ~~Do not~~ correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
birth date shown on:

Film No. G 117 AUG 23 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

07070

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town Mutual
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
City or town Mutual
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Sarah R. Gantt.

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov. ? 1868

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

80

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Teacher

11. Industry or business

FATHER
MOTHER

12. Name

Albert Gantt.

13. Birthplace

md.

14. Maiden name

Alcestra Johnson

15. Birthplace

md.

16. Informant

McKinley Gantt.

Address

Mutual,

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

8-1-48
(month) (day) (year)

Cemetery or crematory

Brook Chapel

Location

Calvert.

18. Funeral director

P. E. Sewell

Address

Prince Frederick Md

19.

7-31 19 48
(Date rec'd by registrar)

H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

7-29, 1948, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27 to July 29 1948
and that I last saw him alive on June 28 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James P. Sewell
Prince Frederick Md

M. D. or other

Date signed

7/31/48

RECEIVED

AUG 5 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

07071

94a

1. PLACE OF DEATH:

County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 days
 Hospital, institution, or street address where death occurred:
Calvert County Hospital
 How long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD County A. A. Co.
 City or town Harwood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert H Gray

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Eugenia H. Gray
 7. Birth date of deceased (mo., day, yr.) Dec 18 1984 6.(c) If alive, give age 61 years
 8. AGE: Years 63 Months 5 Days 10 If less than one day _____ hrs _____ min.

9. Birthplace Elkridge, Md.
 (Town, county, and state)
 10. Usual occupation Forest Warden
 11. Industry or business _____

MOTHER 12. Name George Gray
 13. Birthplace England
 14. Maiden name Mary Hale
 15. Birthplace England

16. Informant Eugenia Gray
 Address Hamwood Ind
 17. (Burial, cremation, or removal) Which? Burial Date thereof July 31, 1948
 (month) (day) (year)
 Cemetery Bugher Oak
 Location Salisbury Ind

18. Funeral director B. J. Hardisty + Son
 Address Salisbury Md.

19. July 30 48 Wm. J. French
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

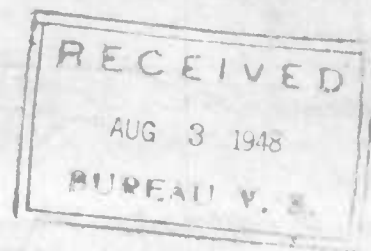
20. DATE OF DEATH July 28 1948, at 9:00 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death Cerebral Thrombosis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Wm. J. French M. D. or other _____
 Address _____ Date signed 7/25/48



Evidence for change of
age, shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

07072

FILM NO. G 116 AUG 3-1948 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town Burgess
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Burgess
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

George O Hawkins

3. (b) Social Security Number

4. Sex M. 5. Color or race C 6. (a) Single, married, widowed, or divorced X
6. (b) Name of husband or wife Margaret Hawkins
7. Birth date of deceased (mo., day, yr.) Nov. 22-1890 6. (c) If alive, give age 58 years
8. AGE: Years 58 Months 5 Days 7 It less than one day
58 yrs. 5 mos. 7 days

9. Birthplace md
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business

12. Name Zachariah Hawkins
13. Birthplace md
14. Maiden name Mary A Curtis
15. Birthplace md

16. Informant Margaret Hawkins
Address Burgess
17. Burial Date thereof 7-29-48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Hall Creek
Location Calvert

18. Funeral director P. E. Sewell
Address Prince Frederick

19. 7-28 19 48 H. H. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-25-48 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 10 19 48 to July 25 19 48
and that I last saw him alive on July 28 19 48

Immediate cause of death Cancer of stomach

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

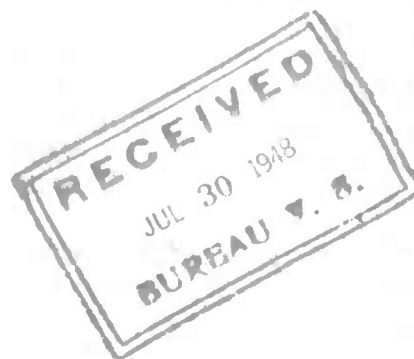
23. SIGNATURE George L. Jett M. D. or other
Paul Frederick Date signed 7-27-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CabnetCity or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1

Hospital, institution, or street address where death occurred:

Cabnet County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty CabnetCity or town Bowens

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME

Brooke R. Hutchins

3. (b) Social Security Number

20

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Ada Hutchins6. (c) If alive, give age 53 years

7. Birth date of

deceased (mo., day, yr.)

Nov. 25, 1900

8. AGE:

Years

Months

Days

If less than one day

4777

hrs.

min.

9. Birthplace

Cabnet County, Md.

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

FATHER

12. Name

J. Harry Hutchins

13. Birthplace

Md

MOTHER

14. Maiden name

Virginia Crawford

15. Birthplace

Md

16. Informant

Shirley Hutchins

Address

Bowens, Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

July 4, 1948

Cemetery or crematory

Ashbury

Location

Barstow, Md

18. Funeral director

O. A. Hutchins & Son

Address

Mt. Airy, Md

19.

(Date filed by registrar)

July 348

Registrar

W. Woodward

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 2

19

at

10

at

30

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2

19

to

July 2

19

at

48

M

and that I last saw him alive on

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Page & Jett

M. D. or other

Address

Prince Frederick

Date signed

7/2/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CALVERT
 City or town Prince Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Calvert County HospitalHow long in hospital or institution? 2 days

3. (a) FULL NAME

George Francis Jr.

3. (b) Social Security Number

2 243 143

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 4, 1924

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

24

..... hrs. min.

9. Birthplace New York New York

(Town, county, and state)

10. Usual occupation Sailor

11. Industry or business

FATHER

12. Name George Francis Irving13. Birthplace New York New York

MOTHER

14. Maiden name Lucy Brown15. Birthplace New York New York16. Informant Lucy IrvingAddress New York - 536 - 49th Ave. Long Island City, N.Y.

17. (Burial, cremation, or removal, Which?)

Date thereof July 10, 1948
(month) (day) (year)Cemetery or crematory N. Y.Location Navy18. Funeral director Navy

Address

19. 7/6 19 48

(Date rec'd by registrar)

H. Moore

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New York

County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 536 - 49th Ave. Long Island City, N.Y.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 19 48 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Broken neck

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 3, 1948Where did injury occur? N. Beach Calo (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury during into shallow water Injured at work? 7/3/48

23. SIGNATURE

M. D. or other

Address Long Island City, N.Y. Date signed 7/8/48

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CafCity or town Leesley
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

3. (a) FULL NAME

Mary ~~Hester~~ Johnson ~~James~~

3. (b) Social Security Number

4. Sex

F

5. Color or race

G

6. (a) Single, married, widowed, or divorced

divorced

6. (b) Name of husband or wife

James James

7. Birth date of deceased (mo., day, yr.)

80 Dec. 1906

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

It less than one day

46

hrs.

min.

9. Birthplace

St. Louis
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

J

13. Birthplace

MOTHER

14. Maiden name

Hella Johnson

15. Birthplace

md

16. Informant

James James

Address

113 W. Hill St. Balto

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

7-6-48
(month) (day) (year)

Cemetery or crematory

St. Johns

Location

Calvert

18. Funeral director

P.E. Sewell

Address

Prince Frederick md

19.

7/6
(Date rec'd by registrar)

19

48
H. Mwork
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Balto
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH

7/4

19

48, at 4 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/4

19

48, to 7/4

19

and that I last saw him _____ alive on _____ 19

Immediate cause of death

Cerebral accident

DURATION

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

7/4/48

1906
17
1947

RECEIVED

JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

166

07076

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: Calvert
 County Hospital
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Calvert Hosp.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town Huntingtown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME Harvey Long

3. (b) Social Security Number
220-09-5478

4. Sex m 5. Color or race C 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife Martha Long
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) 1-7-1910

8. AGE: Years 38 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Long
 13. Birthplace md
 14. Maiden name Alice Mackall
 15. Birthplace md

16. Informant Martha Long
 Address Huntingtown, md

17. Burial Burial Date thereof 7-14-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Patuxent
 Location Calvert

18. Funeral director P. T. Sewell
 Address Prince Frederick

19. 7-13 19 48 H. H. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12, 19 48, at 1 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____, 19 _____, and that I last saw _____, 19 _____.

Immediate cause of death Heart failure
of myocardial infarction
from shot wound

DURATION

2 hrs

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Homicide Date of 7/11/48
 Where did injury occur? Huntingtown, md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home
 Means of injury gun shot Injured at work? No

23. SIGNATURE H. H. Ward
John H. Ward
 Address Prince Frederick Date signed 7/13/48
 M. D. or other

RECEIVED

JUL 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. We are especially interested in the correct age and sex of the deceased. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

183

07077

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CabertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CabertCity or town Solomons
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war Ind

3. (a) FULL NAME

Lutie W. O'Henry

3. (b) Social Security Number

No4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband John N. O'Henry7. Birth date of deceased (mo., day, yr.) Feb. 25, 1865 6. (c) If alive, give age _____ years8. AGE: Years 83 Months 5 Days 2 it less than one day _____ hrs. _____ min.9. Birthplace St. Mary's County
(Town, county, and state)10. Usual occupation Home

11. Industry or business

12. Name Thomas A. Clocher13. Birthplace Ind14. Maiden name Mary A. Clocher ?15. Birthplace Ind16. Informant Mrs Robert O'HenryAddress Solomons17. Burial Date thereof July 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Solomons, W.E.Location Solomons, Ind18. Funeral director A. Q. Harkness & SonAddress Mutual, Ind.19. 7-28 48 H. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1948 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Heart attackDue to hit head when sheDue to fell and rolled intoDue to the river whereDue to her body was foundOther conditions floating

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/27/48Where did injury occur? Solomons, Ind
(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. W. Ward M. D. or other _____Address Solomons, Ind Date signed 7-28-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

07078

94a

1. PLACE OF DEATH:

County... HarfordCity or town... Bethesda
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... CalvertCity or town... Bethesda
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Bertha Mary Phair

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec 26, 1888

8. AGE:

Years

Months

Days

It less than one day

59625

hrs.

min.

9. Birthplace

Quebec, Canada
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

FATHER

12. Name

Orpton

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Elmer May Shuttlefield

Address

1631 R St NW

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

14 St NW

19.

(Date rec'd by registrar)

H. H. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

7/20

19

48215P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

.....19..... to.....19.....

and that I last saw him alive on.....19.....

Immediate cause of death

Coronary embolism

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

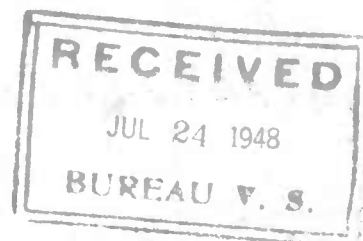
Means of injury

Injured at work?

23. SIGNATURE

Address..... Date signed.....

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Evidence for change of age shown on:

FILM No. G 116 JUL 26 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h..... alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

M. D. or other

Registral

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07080

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Delaware
 City or town Wilmington
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State DC County Wash.City or town Wash. DC
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

John F. Roberson

3. (b) Social Security Number

4. Sex

m

5. Color or race

W

6.(a) Single, married, widowed, or divorced

m.

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Apr. 22 1887

8. AGE:

61 Years

Months

Days

If less than one day

18

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Train Engineer

11. Industry or business

Rail Road

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

July 14, 1948
 (month) (day) (year)

Cemetery or crematory

Silverbrook Cemetery

Location

Wilmington, Del.

18. Funeral director

Address

James F. ChandlerWilmington, Del.

19.

Date rec'd by registrar

19 48Grace L. Hutchins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

7/101948, at 6:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to 19

and that I last saw him alive on

19

Immediate cause of death

DURATION

Brown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Train Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 7/14/48

RECEIVED

JUL 20 1948

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07081

~~FILED~~ G 116 AUG 9 - 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 1/2 days
Hospital, institution, or street address where death occurred:

Calvert County Ho. Spital

How long in hospital or institution? 1 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County ANNA Arundel

City or town Jewell, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war. _____

3. (a) FULL NAME

Ida Wayson

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Roland Edgar Wayson

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1878 6. (c) If alive, give age _____ years

8. AGE: Years 69 Months 10 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Jewell, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business None

12. Name John N. Ward

13. Birthplace Cal. Co.

14. Maiden name Georgia Crosby

15. Birthplace Dunkirk, Md.

16. Informant C. Sylvester Wayson

Address Jewell, Md.

17. Rural Date thereof Aug 2 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship's Cem.

Location Friendship's Md.

18. Funeral director Mr. Bernard Hardesty

Address Salesville, Md.

19. Aug 1 19 48 Grace L. Hutchins
(Date used by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 19 48 at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Cerebral Accident

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. J. H. Hutchins

M. D. or other _____

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

MS. 116. 9.45.15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 5 1948

BUREAU V. S.